

**FEDERAL PUBLIC DEFENDER, SOUTHERN DISTRICT OF TEXAS  
TRANSCRIPT REQUEST AND INVOICE**

1 of 2

1. PURPOSE	<input type="checkbox"/> TRIAL	2 <input checked="" type="checkbox"/> APPEAL OF CONVICTION/SENTENCE	2. REQUESTING ATTORNEY			
	<input type="checkbox"/> OTHER		Philip G. Gallagher			
3. DOCKET NO.	4. COURT <b>SOUTHERN DISTRICT OF TEXAS</b>					
H-14-526						
5. IN THE CASE OF	<b>U.S.A</b> vs. <b>George Yarbrough</b>					
6. PERSON REPRESENTED	<b>George Yarbrough</b>					
			<b>United States Court Southern District of Texas FILED</b>			
7. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal from judgment of conviction and sentence imposed on April 15, 2015.						
8. PROCEEDINGS TO BE TRANSCRIBED (Describe specifically and include docket entry number) 10/30/14: Initial Appearance held before the Hon. Frances H. Stacy (docket entry #7) (ERO); 10/30/14: Arraignment held before the Hon. Frances H. Stacy (docket entry #14) (ERO); 10/31/14: Detention Hearing held before the Hon. Frances H. Stacy (docket entry #11) (ERO).						
9. FEDERAL PUBLIC DEFENDER'S REQUEST						
<p>As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request preparation of the transcript of the proceedings described above at the expense of the United States pursuant to the Criminal Justice Act.</p> <p><i>[Signature]</i></p>						
<b>FPD ACCOUNTING DATA</b> <b>15 092300 F05TXSF 2532</b>						
<b>MARJORIE A. MEYERS</b> <b>FEDERAL PUBLIC DEFENDER</b> <b>440 Louisiana, Suite 1350, Houston, Texas 77002-1669</b>						
<u>DATE</u> <u>May 5, 2015</u> <u>TELEPHONE NUMBER</u> <u>(713) 718-4600</u>						
10. SPECIAL REQUESTS						
<input type="checkbox"/> Expedited <input type="checkbox"/> 14-Day <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript						
<input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
<b>INVOICE</b>						
11. COURT REPORTER/TRANSCRIBER STATUS		14. PAYEE'S ADDRESS				
<input type="checkbox"/> Official <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Transcriber <input type="checkbox"/> Other						
12. FULL NAME OF PAYEE						
13. SOCIAL SECURITY OR EMPLOYER I.D. NO. OF PAYEE		15. TELEPHONE NO.				
16. TRANSCRIPT INCLUDE PG. NOS.		NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original			\$	\$	\$	\$
B. Copy			\$	\$	\$	\$
17.		TOTAL CLAIMED:				\$
18. CLAIMANT'S CERTIFICATION				I hereby certify that the above invoice is correct and that I have not claimed or received payment from any other source for the services rendered and claimed in this invoice.		
18.A. Clerk's Office Verification of No. of Pages & Rates:				DATE		
				(Signature)		
				(Date)		
19. APPROVED FOR PAYMENT:				AMT. APPROVED:		
				\$		
(Requesting Attorney, Federal Public Defender Office)				DATE		